

ARKANSAS DEVELOPMENT FINANCE AUTHORITY
HOME Investment Partnerships Program
Certification Training Workshop
October 12-14, 2009 – (8:00 a.m. – 4:30 p.m.)
Verizon Arena
North Little Rock, AR
REGISTRATION FORM

(Space is limited to two participants per organization. You must register to attend.)

Last Name:	<input style="width: 95%;" type="text"/>
First Name:	<input style="width: 95%;" type="text"/>
Position/Title:	<input style="width: 95%;" type="text"/>
Organization:	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%;" type="text"/>
City:	<input style="width: 95%;" type="text"/>
State:	<input style="width: 95%;" type="text"/>
Zip:	<input style="width: 45%;" type="text"/>
Phone:	<input style="width: 45%;" type="text"/>
Fax:	<input style="width: 45%;" type="text"/>
Email Address:	<input style="width: 95%;" type="text"/>
Which of the following best describes your organization?	
<input type="checkbox"/> City, county or state government agency <input type="checkbox"/> Financial Institution <input type="checkbox"/> Nonprofit organization <input type="checkbox"/> For profit developer <input type="checkbox"/> Other (please specify: (_____))	
Please check the box indicating the Session you plan to attend:	
<input type="checkbox"/> Homeownership/Single-Family (October 12-13)	
<input type="checkbox"/> Rental Housing/TBRA (October 13-14)	
NOTE: Attendees may attend both sessions. If attending both sessions, check each box	
IMPORTANT: Each session will conclude with a written examination of the materials presented as part of the certification process to participate in ADFA's HOME Program.	
Number of years you have worked with ADFA Housing Programs	
<input type="checkbox"/> 1 year or less <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5 or more years	

Please fax (501) 682-5859 or mail registration form to be received no later than October 2, 2009 to the following address:

ADFA
Attn: Peggy D'Agostino
P.O. Box 8023
Little Rock, AR 72203